

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16978

2078

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Lukes Hospital</u>		c. LENGTH OF STAY (In this place) <u>4-30-5-3-50</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden, Missouri</u>		0510		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>5th Street</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Laura</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Hartzell Tevis.</u>		
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>3,</u>		(Year) <u>1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 26, 1874</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Warrensburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Cyrus Hanna Hartzell</u>			13b. MOTHER'S MAIDEN NAME <u>Sally Robinson</u>			14. NAME OF HUSBAND OR WIFE <u>James H. Tevis.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Leslie Hartzell,</u> ADDRESS <u>Holden, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Angina Pectoris</u>				<u>several months</u>		
		DUE TO (c) <u>Coronary Sclerosis</u>				<u>several years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>H201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>April 30, 1950</u> , to <u>May 3, 1950</u> , that I last saw the deceased alive on <u>May 3, 1950</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. V. Bell</u>				23b. ADDRESS <u>209 Plaza Line Bldg</u>		23c. DATE SIGNED <u>5/3/50</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-5-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. CAST</u>		ADDRESS <u>HOLDEN MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed EB Cast

Licensed Embalmer No. 4059

P. O. Address Holden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.